

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 030800002		CITY OR TOWN	EAST BRII	OGEWATER
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	T.J. SMITH'S, INC				
DOING BUSINESS	A T.J. SMITH'S				
ADDRESS 13 CRO	SS STREET				
CITY/TOWN: EAS	ST BRIDGEWATER S	STATE: MA	ZIP CODE:	02333	
MANAGER: SMI	TH, JOSEPH M. TYPE O	F LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EM	MAIL ADDRESS		ı
DESCRIPTION OF	LICENSED PREMISES:				
	PREMISE CONSIST OF UDING BAR AREA, KIT			* * * * * * * * * * * * * * * * * * *	IALL
I hereby certify and s	swear under penalties of pe	erjury that:			
1. the renew	ved license will be of the sa	ame type for the	same premises now	licensed;	
	ee has complied with all la		•	taxes; and	
3. the premi	ses are now open for busin	ness (If not expla	ain below)		
SIGNED BY	Individual, Partner or A	uthorized Corno	orate Officer		
	marvidual, i artifer of 71	dinorized corpo	rate officer		
DATE:	TELEPHONE NU	IMBED.	EMPLOYER	IDENTIFICAT	ION NUMBER:
	TELLI HONE NO	MIDEK.	(Note: NOT Ind		
Acts of 2004, signed	d, attest that we are in pod by the building inspect (2) the certificate of liquo	or and the head	l of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	ain)		-		
DATE:					



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LICENSE NUMBER: 030800003	CITY OR TOWN EAST BRIDGEWATER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: COMMERCIAL CLUB OF EAST I	BRIDGEWATER INC. THE
DOING BUSINESS A	
ADDRESS NIELSEN AVE	
CITY/TOWN: EAST BRIDGEWATER STATE: M	1A ZIP CODE: 02333
MANAGER: FERBERT, DONAL TYPE OF LICENSE D	:Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	UR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
BAR, CLUB ROOM AND KITCHEN IN BASEMENT,B FLOOR; STORAGE AREA IN REAR OF BASEMENT	AR AND MEETING HALL ON FIRST
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	-
2. the licensee has complied with all laws of the C	_
3. the premises are now open for business (If not e	explain below)
SIGNED BY	
Individual, Partner or Authorized C	orporate Officer
DATE: TELEPHONE NUMBER.	EMBLOVED IDENTIFICATION NUMBER.
TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
	,
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	head of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	030800004		CITY OR TOWN	EAST BRIDGEWATER
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	YE OLDE STANDISH G	RILLE INC.		
DOING BUSINESS A	1			
ADDRESS 175 NO. I	BEDFORD ST.			
CITY/TOWN: EAST	BRIDGEWATER ST	ATE: MA	ZIP CODE:	02333
MANAGER: O'LEA RICHA		LICENSE: Res	taurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
Pl	LEASE ALSO VISIT OUR WEBSITE AN	ND ENTER YOUR EM	IAIL ADDRESS	
	ICENSED PREMISES:			
	NT BLOCK BLDG WITH CTION ROOM, FOUR EX			LK IN COOLER,
I hereby certify and sw	vear under penalties of perj	ury that:		
1. the renewed	d license will be of the sam	ne type for the	same premises now	licensed;
2. the licensee	e has complied with all law	s of the Comm	nonwealth relating to	taxes; and
3. the premise	es are now open for busines	ss (If not expla	in below)	
SIGNED BY	T. II. 1 D		0.00	
	Individual, Partner or Aut	horized Corpo	rate Officer	
DATE				
DATE:	TELEPHONE NUM	IBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
			(1000. <u>1101</u> ma	ividual Social Security (validet)
Acts of 2004, signed	, attest that we are in pose by the building inspector 2) the certificate of liquor	and the head	of the fire departs	nent for the above
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explain	11)			
DATE:				



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LICENSE NUME	BER: 030800009		CITY OR TOWN EAST	BRIDGEWATER
APPLICATION F	FOR RENEWAL:	Annual	LICENSED FO	OR 2013
		CLASS		YEAR
LICENSEE NAM	E: HEATHER'S PLAC	E INC.		
DOING BUSINE	SS A			
ADDRESS 1300	PLYMOUTH			
CITY/TOWN: E	EAST BRIDGEWATER	STATE: MA	ZIP CODE: 02333	3
	URNHAM, TYPI EATHER	E OF LICENSE: Res	taurant CATEGO	RY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR EM	IAIL ADDRESS	
	OF LICENSED PREMISE			
ONE STORY WO AND KITCHEN	OODEN BUILDING WIT	TH STORAGE IN C	ELLAR; DINING ROOM,	TAP ROOM
I hereby certify ar	nd swear under penalties o	of perjury that:		
1. the ren	newed license will be of the	ne same type for the	same premises now licensed	1;
2. the lice	ensee has complied with a	all laws of the Comm	nonwealth relating to taxes;	and
3. the pre	emises are now open for b	usiness (If not expla	in below)	
SIGNED BY			0.07	
	Individual, Partner of	or Authorized Corpo	rate Officer	
DATE.				
DATE:	TELEPHONE	NUMBER:	EMPLOYER IDENTII (Note: <u>NOT</u> Individual So	
			(retur security Trainiser,
Acts of 2004, sig	ned by the building insp	ector and the head	e certificate required by C of the fire department for rance required by Chapter	r the above
of 2010.				
Please Check Below:			LOCAL LICENSING AU	JTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved ex				
(11 disappioved ex	хрішіі <i>)</i>			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 030800013		CITY OR TOW	N EAST BR	IDGEWATER
APPLICATION FO	OR RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME	E: IDEAL CLUB INC.				
DOING BUSINESS	S A				
ADDRESS 14 WE	ST UNION ST.				
CITY/TOWN: EA	AST BRIDGEWATER ST	TATE: MA	ZIP CODE:	02333	
	AHORY, TYPE OF ELINO	LICENSE: Clu	b	CATEGORY:	All Alcohol
EMAIL ADDRESS	3:				
	PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EN	IAIL ADDRESS		<u> </u>
	F LICENSED PREMISES:				
the state of the s	BAR, RECREATION HAL HIRD FLR; BAR, DANCE F		*		
I hereby certify and	swear under penalties of pen	rjury that:			
1. the rene	wed license will be of the sar	me type for the	same premises n	ow licensed;	
	see has complied with all lav			g to taxes; and	
3. the prem	nises are now open for busine	ess (If not expla	in below)		
SIGNED BY	T 11 1 1 D	4 : 10	. 000		
	Individual, Partner or Au	itnorizea Corpo	rate Officer		
DATE					
DATE:	TELEPHONE NU	MBER:		YER IDENTIFICATION INDICATION (INDICATION)	
			(110te) <u>1101</u>	marviduai Sociai	Security (valider)
Acts of 2004, sign	ed, attest that we are in po ed by the building inspecto d (2) the certificate of liquo	or and the head	of the fire depa	rtment for the	e above
Please Check Below:			LOCAL LICE	NSING AUTH	IORITY
APPROVED:			By:		
DISAPPROVED:	1.1.1				
(If disapproved exp	uaiii)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 030800017		CITY OR TOWN EA	ASI DRIDGEWATER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSEI	O FOR 2013
		CLASS		YEAR
DOING BUSI	AME: YUGBHARTI INC. NESS A HARMONY DISCOU 2 NO BEDFORD ST	UNT LIQUORS		
		STATE: MA	ZIP CODE: 0	2333
MANAGER:		OF LICENSE: Pac		EGORY: All Alcohol
MANAGER.	PATEL, TYPE O BHARTIBEN	IF LICENSE. Pac	kage Store CATE	COCK 1. All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMISES	·		
ONE STORY	CEMENT BLOCK BUILDING	G; FIVE ROOMS	AND NO CELLAR	
2. the	renewed license will be of the slicensee has complied with all premises are now open for bus	laws of the Comm	nonwealth relating to tax	
SIGNED BY	Individual, Partner or A	Authorized Corpo	rate Officer	
DATE:	TELEPHONE N	UMBER:		ENTIFICATION NUMBER: ual Social Security Number)
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENSING By:	G AUTHORITY
DATE:				



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LICENSE NUMBER: 030800018	CITY OR TOWN EAST BRIDGEWATER
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	S YEAR
LICENSEE NAME: GRAPEVINE WINE & SPIRITS I	LLC
DOING BUSINESS A	
ADDRESS 685 NORTH BEDFORD ST	
CITY/TOWN: EAST BRIDGEWATER STATE:	MA ZIP CODE: 02333
MANAGER: HUNT, JAY J. TYPE OF LICENS	E:Package Store CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER Y	OUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
1ST FLOOR; FRONT ENTRANCE AND EXIT, DOOR WILL CNTAIN RETAIL STORES IN FRONT, AND BA	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	or the same premises now licensed;
2. the licensee has complied with all laws of the	Commonwealth relating to taxes; and
3. the premises are now open for business (If not	explain below)
SIGNED BY	
Individual, Partner or Authorized	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	,
(If disapproved explain)	
D. 1977	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING	THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 030800019		CITY OR TOWN	EAST BRI	DGEWATER
APPLICATION 1	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
DOING BUSINE		OALE PACKING,II	NC		
ADDRESS 378 F					
CITY/TOWN: E	EAST BRIDGEWATER	STATE: MA	ZIP CODE:	02333	
MANAGER: C	ROCETTI, CARL TYP	E OF LICENSE: Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
	OF LICENSED PREMIS				
ONE STORY WO	OOD AND CONCRETE	STUCTURE, WO	ORK ROOMS AND C	ONE ROOM	FOR
	ensee has complied with emises are now open for Individual, Partner	business (If not exp	lain below)	o taxes; and	
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER:
Please Check Below: APPROVED: DISAPPROVED (If disapproved ex	:		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					

 $APPLICATION \ FOR \ RENEWAL \ MUST \ BE \ FILED \ BY \ LICENSEES \ DURING \ THE \ MONTH \ OF \ NOVEMBER \ (M.G.L.\ Ch.\ 138\ \$\ 16A)$



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 03	30800020		CITY OR TOWN	EAST BRI	DGEWATER
APPLICATION FOR R	ENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: A	FRIN ENTERPRI	SES, INC.			
DOING BUSINESS A	COUNTRY CONV	VENIENCE			
ADDRESS 210 POND	ST				
CITY/TOWN: EAST I	BRIDGEWATER	STATE: MA	ZIP CODE:	02333	
MANAGER: ZAFAR	MD ABU TYPI	E OF LICENSE:P	ackage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WEB	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISI	ES:			
TWO STORY FRAME AND LIVING QUARTI RESTRICTIONS; A FE	ERS ON SECOND	FLOOR; EXTEN	ISION OF PREMISE		
I hereby certify and swea	ar under penalties o	of perjury that:			
1. the renewed	license will be of th	ne same type for th	e same premises now	licensed;	
2. the licensee h	nas complied with a	all laws of the Con	nmonwealth relating to	o taxes; and	
3. the premises	are now open for b	ousiness (If not exp	olain below)		
SIGNED BY					
Iı	ndividual, Partner o	or Authorized Cor	oorate Officer		
D.A.EE					
DATE:	TELEPHONE	E NUMBER:			ΓΙΟΝ NUMBER: Security Number)
			(1000. <u>1101</u> III0	iividuai 50ciai 3	security (variber)
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)					
					
DATE:					



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22		CITY OR T	OWN	EAST BRI	DGEWATER
AL:	Annual]	LICEN	SED FOR 20	013
	CLASS				YEAR
GARDEN REST	CAURANT CO	RP			
S GARDEN RES	STAURANT				
TREET					
EWATER ST	ATE: MA	ZIP CO	DE:	02333	
TYPE OF	LICENSE: Res	taurant	Ca	ATEGORY:	Wine and Malt Regular
VISIT OUR WEBSITE A	ND ENTER YOUR EM	AIL ADDRESS			_
CE FOR THE EN	NTIRE RESTA	URANT WI	TH 50	0 SQUARE I	FEET
penalties of per	jury that:				
will be of the san	ne type for the	same premis	es now	licensed;	
plied with all law	s of the Comm	onwealth re	lating to	taxes; and	
open for busine	ss (If not expla	in below)			
1 D	1 1 ()	000			
al, Partner or Aut	norized Corpo	rate Officer			
I EDUONE NUN	ADED.	EMI	DI OVER	IDENTIFICAT	TION NI IMBER:
LEPHONE NUN	ABEK:				
		LOCAL L	ICENS	ING AUTH	ORITY
		By:			
	GARDEN REST S GARDEN REST TREET EWATER ST O PREMISES: CE FOR THE EN Tree penalties of per Will be of the san plied with all law open for busine The penalties of per Will be of the san plied with all law Topen for busine The penalties of per Will be of the san plied with all law Topen for busine The penalties of per Will be of the san plied with all law Topen for busine The penalties of per Will be of the san plied with all law Topen for busine The penalties of per Will be of the san plied with all law Topen for busine The penalties of per Will be of the san plied with all law Topen for busine The penalties of per Will be of the san plied with all law Topen for busine	AL: Annual CLASS GARDEN RESTAURANT CO S GARDEN RESTAURANT TREET EWATER STATE: MA TYPE OF LICENSE: Resi VISIT OUR WEBSITE AND ENTER YOUR EM D PREMISES: CE FOR THE ENTIRE RESTA T penalties of perjury that: will be of the same type for the siplied with all laws of the Common open for business (If not explain all, Partner or Authorized Corposital, Partner or Authorized Corposital	AL: Annual CLASS GARDEN RESTAURANT CORP S GARDEN RESTAURANT TREET EWATER STATE: MA ZIP CO TYPE OF LICENSE: Restaurant VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS D PREMISES: CE FOR THE ENTIRE RESTAURANT WI r penalties of perjury that: will be of the same type for the same premis plied with all laws of the Commonwealth re r open for business (If not explain below) al, Partner or Authorized Corporate Officer LEPHONE NUMBER: EMI (Note: 1) at we are in possession (1) the certificate milding inspector and the head of the fire of tificate of liquor liability insurance requir	AL: Annual CLASS GARDEN RESTAURANT CORP S GARDEN RESTAURANT TREET EWATER STATE: MA ZIP CODE: (TYPE OF LICENSE: Restaurant CA VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS D PREMISES: CE FOR THE ENTIRE RESTAURANT WITH 500 or penalties of perjury that: will be of the same type for the same premises now plied with all laws of the Commonwealth relating to a popen for business (If not explain below) Al, Partner or Authorized Corporate Officer LEPHONE NUMBER: EMPLOYER (Note: NOT India at we are in possession (1) the certificate require aidding inspector and the head of the fire departitificate of liquor liability insurance required by the LOCAL LICENS	CLASS GARDEN RESTAURANT CORP S GARDEN RESTAURANT TREET EWATER STATE: MA ZIP CODE: 02333 (* TYPE OF LICENSE: Restaurant CATEGORY: VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS D PREMISES: CE FOR THE ENTIRE RESTAURANT WITH 500 SQUARE is penalties of perjury that: will be of the same type for the same premises now licensed; plied with all laws of the Commonwealth relating to taxes; and a open for business (If not explain below) al, Partner or Authorized Corporate Officer LEPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social Stat we are in possession (1) the certificate required by Chapter tilding inspector and the head of the fire department for the tificate of liquor liability insurance required by Chapter 116



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	CITY OR TOWN E.	AST BRIDGEWATER
Annual	LICENSEI	O FOR 2013
CLASS		YEAR
INC.		
RIDDER		
R STATE: MA	ZIP CODE: 0	2333
TE OF LICENSE: Rest	aurant CATI	EGORY: All Alcohol
WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
ISES:		
N ROOMS WITH CAI	PACITY FOR 950. K	ITCHEN, OFFICE
es of perjury that:		
f the same type for the s	same premises now lice	ensed;
h all laws of the Comm	onwealth relating to ta	xes; and
r business (If not explain	in below)	
r or Authorized Corpor	ate Officer	
NE NUMBER:		ENTIFICATION NUMBER:
	(****** <u>====</u> marvia	uai Sociai Security (vaimoci)
nspector and the head	of the fire departmen	nt for the above
f liquor liability insur	ance required by Cha	apter 116 of the Acts
	LOCAL LICENSING	G AUTHORITY
	By:	
	Annual CLASS CRICE RIDDER R STATE: MA PE OF LICENSE: Rest VEBSITE AND ENTER YOUR EM ISES: N ROOMS WITH CAI es of perjury that: If the same type for the se th all laws of the Comm r business (If not explain er or Authorized Corpora NE NUMBER: e in possession (1) the aspector and the head	Annual CLASS INC. PRIDDER R STATE: MA ZIP CODE: 0 PE OF LICENSE: Restaurant CATE WEBSITE AND ENTER YOUR EMAIL ADDRESS ISES: IN ROOMS WITH CAPACITY FOR 950. K Is of perjury that: If the same type for the same premises now lice the all laws of the Commonwealth relating to ta re business (If not explain below) Per or Authorized Corporate Officer NE NUMBER: EMPLOYER IDI (Note: NOT Individ the in possession (1) the certificate required to the spector and the head of the fire department of liquor liability insurance required by Chain LOCAL LICENSING



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LICENSE NUMI	BER: 030800026		CITY OR TOWN	EAST BRIDGEWATER	
APPLICATION	FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAM	ME: ONE PUTT INC.				
DOING BUSINE	ESS A CAMERON'S ON TH	E GREEN			
ADDRESS 436 (OAK STREET				
CITY/TOWN: I	EAST BRIDGEWATER S	STATE: MA	ZIP CODE:	02333	
	USSELL, TYPE O VILLIAM E.	F LICENSE: Res	staurant CA	ATEGORY: All Alcohol	
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS		
	OF LICENSED PREMISES:				
	LDG.175 PEOPLE CAPACIT ON ONE LEVEL-KITCHEN ASEMENT.				
I hereby certify a	nd swear under penalties of p	erjury that:			
	newed license will be of the s	• •			
	ensee has complied with all l		· ·	taxes; and	
3. the pro	emises are now open for busin	ness (If not expla	ain below)		
GIGNED DV					
SIGNED BY	Individual, Partner or A	authorized Corpo	orate Officer		
DATE:	TELEPHONE N	JMBER:	EMPLOYER	IDENTIFICATION NUMBER:	
			(Note: NOT Ind	ividual Social Security Number)	
Acts of 2004, sig	gned, attest that we are in p gned by the building inspect nd (2) the certificate of liqu	or and the head	l of the fire departr	nent for the above	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED (If disapproved e					
(11 disappioved 6	ռբյայլ <i>)</i>				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	30800031		CITY OR TO	WN	EAST DKI	DGEWATER
APPLICATION FOR R	ENEWAL:	Annual	L	ICEN:	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: T DOING BUSINESS A		_	UOR LLC			
ADDRESS 60 FRANK	LIN STREET					
CITY/TOWN: EAST 1	BRIDGEWATER	STATE: MA	ZIP COD	E:	02333	
MANAGER: ROBBI	NS, GLENN TYPE	OF LICENSE:P	ackage Store	CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
	ASE ALSO VISIT OUR WEBSI		EMAIL ADDRESS			
DESCRIPTION OF LIC						
70X50 CONVENIENC ON SIDE; DELIVERY						G, ONE
3. the premises SIGNED BY	has complied with all are now open for but ndividual, Partner or	siness (If not exp	plain below)	ting to	o taxes; and	
DATE:	TELEPHONE I	NUMBER:				TION NUMBER: Security Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LIG	CENS	ING AUTH	ORITY
DATE:						



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LICENSE NUMBER: 030800038	•	CITY OR TOWN EAST DRIDGEWATER
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: THE MON	ΓANA GROUP, INC	
DOING BUSINESS A JOHNNY	MACARONI'S	
ADDRESS 582 WEST ST		
CITY/TOWN: EAST BRIDGEW	ATER STATE: MA	ZIP CODE: 02333
MANAGER: VALLARELLI, JOHN	TYPE OF LICENSE: Resta	aurant CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISI	IT OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS
DESCRIPTION OF LICENSED P	REMISES:	
ONE STORY BLDG WITH TWO AND ENTRANCES	SEPARATE DINING ROOM	MS. 2 FRONT AND 3 REAR EXITS
the licensee has compliance. The premises are now of the premises are now of the premises are now of the premises. SIGNED BY	l be of the same type for the seed with all laws of the Common pen for business (If not explain Partner or Authorized Corporation)	onwealth relating to taxes; and n below)
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
		(Note: <u>NOT</u> Individual Social Security Number)
Acts of 2004, signed by the build	ling inspector and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below:		LOCAL LICENSING AUTHORITY
APPROVED:		Ву:
DISAPPROVED: (If disapproved explain)		
(11 uisappioveu expiain)		
DATE:		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	030800041		CITY OR TOW	N EAST DRI	DGEWATER
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 225 BEDE	A EASTBRIDGEWATER	LIQUORS			
CITY/TOWN: EAST	BRIDGEWATER ST.	ATE: MA	ZIP CODE:	02333	
MANAGER: Patel,		LICENSE: Pac	kage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBSITE AN	ID ENTER YOUR EM	IAIL ADDRESS		
	ICENSED PREMISES:				
PART OF A MALL, OREAR 55X81 DEEP	ON THE RIGHT END 75	X38 FOR RE	ΓAIL STORE, S	TORAGE ARE	A IN
	e has complied with all law es are now open for busines			g to taxes; and	
	Individual, Partner or Aut	horized Corpo	rate Officer		
DATE:	TELEPHONE NUM	IBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explai	 n)		LOCAL LICE By:	NSING AUTHO	ORITY
DATE:					



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LICENSE NUMBER: 030800043		CITY OR TOWN	EAST BRIDGEWATER
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013	
	CLASS		YEAR
LICENSEE NAME: PETSOCO, INC DOING BUSINESS A PIER 18 SEAFOOD & ADDRESS 205 BEDFORD ST	: GRILLE		
	STATE: MA	ZIP CODE:	02333
MANAGER: SOROKA, PETER J. TYPE OF			ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES: CINDER BLOCK BLDG 40X60, 2400 SQ FT BOOTHS, DRIVE UP WINDOW FOR FOOD ENTRANCE WITH DOUBLE DOORS & VE. WITH SIDE DOOR FOR DELIVERY COOLI I hereby certify and swear under penalties of pe 1. the renewed license will be of the sa 2. the licensee has complied with all la 3. the premises are now open for busin	OONLY. DININ STIBULE; KITO ER FOR BEER/ erjury that: nme type for the laws of the Comm	G ROOM WITH 9 CHEN IN BACK; S WINE, SMALL OFF same premises now nonwealth relating to	TABLES. FRONT TORAGE ROOM FICE licensed;
SIGNED BY Individual, Partner or A	uthorized Corpo	rate Officer	
DATE: TELEPHONE NU We the undersigned, attest that we are in po	ossession (1) the	(Note: <u>NOT</u> Inde	-
Acts of 2004, signed by the building inspecton named license and (2) the certificate of liquo of 2010.			
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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LICENSE NUMBER: 0308000	J45	CITY OR TOWN	EAST DRIDGEWATER
APPLICATION FOR RENEW	VAL: Annual	LICEN	NSED FOR 2013
	CLASS		YEAR
LICENSEE NAME: FRANK	S CAFE & COFFEE HOUS	SE, INC.	
DOING BUSINESS A THE N	MOCKINGBIRD RESTAU	RANT	
ADDRESS 838 NORTH BED	FORD STREET		
CITY/TOWN: EAST BRIDG	GEWATER STATE: M	AA ZIP CODE:	02333
MANAGER: CANNIZZARO KELLY	O, TYPE OF LICENSE	::Restaurant C	CATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION OF LICENSE			
EXISTING RESTAURANT V TABLES, ONE FRONT ENT KITCHEN.			
SIGNED BY	w open for business (If not e		
DATE:		EMBY OVE	
DATE. T	ELEPHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the benamed license and (2) the ce of 2010.	ouilding inspector and the	head of the fire depart	tment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICEN By:	SING AUTHORITY
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	030800047		CITY OR TOWN	N EASI DRI	DGEWATER
APPLICATION FOR I	RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 34 BEDFO	FIESTA MEXICAN RI	ESTAURANT			
CITY/TOWN: EAST		ГАТЕ: МА	ZIP CODE:	02333	
MANAGER: RAMII		LICENSE: Rest		CATEGORY:	All Alcohol
EMAIL ADDRESS: PL DESCRIPTION OF LI	EASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EM	AIL ADDRESS		
 the renewed the licensee 	ear under penalties of pe l license will be of the sa has complied with all la s are now open for busin	me type for the s ws of the Comm	onwealth relating		
SIGNED BY	Individual, Partner or Au	nthorized Corpor	rate Officer		
DATE:	TELEPHONE NU	MBER:		ER IDENTIFICAT	
Acts of 2004, signed l	attest that we are in po by the building inspecto the certificate of liquo	r and the head	of the fire depar	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] (1)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NU.	MBER: 030800048		CITY OR TOWN EAST	DRIDGEWATER
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FO	R 2013
		CLASS		YEAR
DOING BUSI	AME: THE T. SIKDER NESS A TEDESCHI'S R BEDFORD STREET			
CITY/TOWN:	EAST BRIDGEWATI	ER STATE: MA	ZIP CODE: 02333	
MANAGER:	PARVEG, T MOHAMMAD NAHID	YPE OF LICENSE: Pa	ackage Store CATEGOI	RY: Wine and Malt Regular
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	MISES:		
3. the SIGNED BY	premises are now open f Individual, Parti	for business (If not exp		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIF (Note: <u>NOT</u> Individual So	
Please Check Belo APPROVED: DISAPPROVI (If disapproved	ED:		LOCAL LICENSING AU By:	THORITY
DATE:			-	



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LICENSE NUMBER: 030800049		CITY OR TOWN	EAST BRIDGEWATER
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: JAKE'S BAR & GRILL DOING BUSINESS A JAKE'S BAR & GRIL			
ADDRESS 579 WEST STREET			
CITY/TOWN: EAST BRIDGEWATER	STATE: MA	ZIP CODE:	02333
MANAGER: LYNN, SCOTT TYPE C	OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES 1 STORY CEMENT BLOCK W/ DINING R REAR CONSISTS OF RESTROOMS, WAL REFRIG.AND FENCED PATIO ON SIDE; OF BLDG.; 2 EXITS AT REAR OF BLDG.	M, BAR & STO K-IN COOLER,	LIQUOR STOR AG	E, KITCHEN &
I hereby certify and swear under penalties of J	perjury that:		
 the renewed license will be of the the licensee has complied with all the premises are now open for bus 	laws of the Com	monwealth relating to	
SIGNED BY Individual, Partner or A	Authorized Corpo	orate Officer	
DATE: TELEPHONE N	UMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are in pacts of 2004, signed by the building inspect named license and (2) the certificate of liquof 2010.	ctor and the hea	d of the fire departr	nent for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBI	ER: 030800050		CITY OR TOWN	EAST BRI	DGEWATER
APPLICATION FO	OR RENEWAL:	Annual LICENSED FOR)13
		CLASS			YEAR
DOING BUSINES	E: ROBERT W. LUNDIN S A JOPPA MARKET				
	EDFORD STREET				
		STATE: MA	ZIP CODE:	02333	
MANAGER: LU W.	NDIN, ROBERT TYPE O	F LICENSE:Pa	ackage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
DECCRIPTION OF	PLEASE ALSO VISIT OUR WEBSITE	E AND ENTER YOUR	EMAIL ADDRESS		
1 STORY WOOD DELIVERY DOO	F LICENSED PREMISES: BLDG. APPROX. 2000 SA R ON RTE. 106 SIDE CON S REAR OF STORE.				
2. the licer	ewed license will be of the s asee has complied with all l mises are now open for busing	aws of the Com	nmonwealth relating to		
SIGNED BY	Individual, Partner or A	authorized Corp	oorate Officer		
DATE:	TELEPHONE N	UMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp] 		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	30800051		CITY OR TOWN	EAST BRIDGEWATE	R
APPLICATION FOR RENEWAL: Annual		LICEN	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME:	PATRIOT PUB LLC				
DOING BUSINESS A	THE FULL HOUSE G	RILL			
ADDRESS 225 BEDFO	ORD STREET				
CITY/TOWN: EAST	BRIDGEWATER S'	TATE: MA	ZIP CODE:	02333	
MANAGER: DiLETI CLAUI	,	LICENSE: Res	staurant CA	ATEGORY: All Alcoho	ol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBSITE	AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LI	CENSED PREMISES:				
	PRISING OF 2180 SQ. I HEN ENTRANCES FRO				
I hereby certify and swe	ear under penalties of pe	rjury that:			
1. the renewed	license will be of the sa	me type for the	same premises now	licensed;	
2. the licensee	has complied with all la	ws of the Comr	nonwealth relating to	taxes; and	
3. the premises	are now open for busine	ess (If not expla	ain below)		
SIGNED BY	Individual, Partner or Au	nthorized Corpo	orate Officer		
D.A.TE					
DATE:	TELEPHONE NU	MBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
			(Note: NOT Ind	ividual Social Security Number	т)
Acts of 2004, signed b	y the building inspecto	or and the head	l of the fire departı	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts	
Please Check Below:			LOCAL LICENS	ING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:					
•					